

# **Maryland Department of Commerce**

### **Maryland Theatrical Production Tax Credit**

#### APPLICATION FOR FINAL TAX CREDIT CERTIFICATION

**WARNING:** False statements made knowingly and willfully in reference to this tax credit application, including affidavits or other supporting documents submitted therewith, are punishable by law. All statements and documents are subject to verification.

Applicant Information					
Production Title:					
Name of Applicant (Contact info on entity an	d/or signatory to wh	om the tax credit will be sent):			
Company Name:					
Address:					
City:	State:	Zip:			
Contact:	Phone:				
Title:					
E-Mail:					
Required Fina	l Submissior	าร			
•					
Please submit the following documentation for Final Certification:					
<ul><li>☐ Copy of complete Final Payroll / Earnings Report for ALL employees</li><li>☐ Copy of complete Final General Ledger (GL) and GL by Production Expenditure Codes</li></ul>					
Copy of complete Final Vendor / Accounts Payable List					
List of ALL Employees (cast, crew & extras) employed while on location in Maryland.					
Include resident state.					
List of ALL Maryland Residents (cast, crew of Maryland	& extras) employe	d while on location in			
<ul> <li>☐ List of ALL Maryland businesses that directly provided goods or services to the production while on location in Maryland (including ALL Petty Cash &amp; P-Card payments). Include company name &amp; location (address, city &amp; zip). Indicate companies that qualify as minority business enterprises. Indicate companies that are considered small businesses.</li> <li>☐ List of ALL Loan Out/Personal Services Companies paid in connection with the project.</li> </ul>					
Include FEIN number and address of princip	•	onnection with the project.			
☐ Completed MD Theatrical Production Expenditure Report					
Copy of Independent Auditor's Report & Signed Engagement Letter					
☐ Copy of Final Production Schedule ☐ Copy of Final Crew List ☐ Copy of Final Contact List					

#### **APPLICATION FOR FINAL TAX CREDIT CERTIFICATION - Page 2**

## **CERTIFICATION AND SIGNATURE:**

In connection with the Applicant's submission of this Application for Final Certification for a Maryland Theatrical Production Tax Credit to the Department of Commerce ("Commerce"), the Applicant certifies to the Commerce under the penalties of perjury as follows:

- 1. All information provided by or on behalf of the Applicant in connection with this Application for Final Certification for a Maryland Theatrical Production Tax Credit, including all related submissions (collectively, the "Application") is true and complete in all respects. The Applicant is not aware of any event or fact that (a) would require an amendment to this information in order to make this information true and complete and not misleading as of the date of this Application, and (b) should have been, and has not been, reported to Commerce as material information. The Applicant is obligated to update and correct all information. The Applicant will be deemed to remake this certification on the date that Commerce issues a Final Tax Credit Certificate to the Applicant.
- 2. All taxes imposed or fees assessed by the State of Maryland (the "State") or any of its political subdivisions against the Applicant and its properties have been paid prior to the date when any interest or penalty would accrue for nonpayment.
- 3. There are no amounts owed to any person or entity in Maryland which provided goods or services in connection with the Theatrical Production Activity.
- 4. The costs of the Theatrical Production are reasonable and were negotiated at armslength.
- 5. The Applicant (1) is current in all State and local tax obligations; (2) is not in default in any State or local contract; and, (3) if an entity required to register with Maryland's State Department of Assessment and Taxation, is in good standing and authorized or registered to do business in the State.

I solemnly affirm under the penalties of perjury that I have the authority to submit this Application and, to the best of my knowledge, information, and belief, that the information provided in this Application is true, correct, and complete.

ADDLICANT.

	APPLICANT:					
		Company Name / Individual Name				
Ву:	X	Signature				
Name	:	Printed Name		Date:	(mm/dd/yyyy)	
Title:						

Applicants should be aware that all information submitted in or accompanying an application may be subject to the provisions of the Maryland Public Information Act (MD Code, General Provisions, Article, Title 4) and to the provisions of the MD Code, Tax General Article, §10-754.